Internal Audit

NHS
Lothian

Healthcare Governance – Prison Services

September 2016
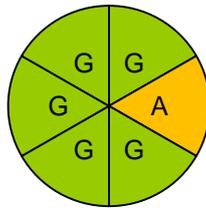
Report Assessment

Contents

Introduction

NHS Lothian has two prisons within its Health Board boundary – HMP Edinburgh and HMP Addiewell. HMP Edinburgh is a public sector prison housing approximately 900 prisoners, mainly from Edinburgh and the Lothian and Borders region. HMP Addiewell is a private all male adult prison with approximately 800 places.

This review considered the healthcare governance arrangements in place for prison services. Prison services provide for the physical and mental healthcare needs of both convicted and remanded prisoners and are managed by the Prison Healthcare Clinical Management Team, which falls under REAS. In addition, there is a Quality Improvement Team (QIT) for prison healthcare services, which meets regularly to discuss the progress against quality improvement requirements for prison services. The Prison Healthcare Management team feeds into REAS Management which reports to various Board Committees and their subcommittees (refer to Appendix 2).

Following recommendations made by an external review, prison complaints were devolved from the Patient Experience Team to the prison healthcare setting early in 2016.

Scope

Internal audit conduct an annual review of areas of healthcare governance identified as higher risk by the HGC. This audit included a review of arrangements in place to obtain assurance relating to the healthcare governance related to the prison services. This included roles and responsibilities, reporting frameworks and governance oversight for prison health care.

We also reviewed the revised prison complaint and feedback process to confirm whether the revised process is operating effectively.

Acknowledgements

We would like to thank all staff consulted during this review, for their assistance and cooperation.

Executive Summary

Conclusion

A governance framework has been established for Prison Healthcare which falls under the Management of REAS, however the framework has not been formally agreed and documented. Each group meets regularly with adequate attendance from the Prisons, REAS and a number of clinical areas, although improvements were identified regarding the circulation of minutes between the groups. The Healthcare Governance Committee (HGC) receives assurance on a number of performance measures. Some, such as Referral to Treatment and Smoking Cessation include prison healthcare and are reported through REAS. Specific metrics for the prison services such as complaints are also included in performance measures and are reported separately to the HGC through regular Person-Centred Care reports.

Reports are presented annually to the HGC using the REAS Quality Improvement Programme reporting template, which report performance across the year against a number of priorities.

The service has recently devolved the complaints function as a result of an external review of arrangements across the organisation. We understand that this has resulted in a significant increase in workload for the Prison Healthcare Managers, but that the benefits have not yet been reviewed.

Summary of Findings

The table below summarises our assessment of the adequacy and effectiveness of the controls in place to meet each of the objectives agreed for this audit. Definitions of the ratings applied to each action are set out in Appendix 1.

No.	Control Objective	Control objective assessment	Number of actions by action rating			
			Critical	Significant	Important	Minor
1	Roles and responsibilities for prison services governance activities have been clearly defined and individuals are aware of their roles.	Green	-	-	1	-
2	Effective links and communications are in place across the Board to ensure appropriate oversight takes place.	Green	-	-	-	-
3	An effective reporting framework has been implemented to ensure prison services governance issues are highlighted and	Green	-	-	-	1

	escalated appropriately.	Green				
4	The Healthcare Governance Committee has determined the prison healthcare activities for which it requires assurance specifically and this information is regularly reported to it.	**Green**	-	-	-	-
5	The Healthcare Governance Committee received an annual report from prison healthcare services setting out what has been achieved in the year and what areas require development.	**Green**	-	-	-	-
6	Complaints and patient feedback are handled in accordance with national standards/guidance, and lessons learned from their investigation and resolution, including reports from the Scottish Public Services Ombudsman.	**Amber**	-	1	-	1

Control Objective Ratings

Action Ratings	Definition
Red	Fundamental absence or failure of controls requiring immediate attention (60 points and above)
Amber	Control objective not achieved - controls in place are inadequate or ineffective (21 – 59 points)
Green	Control objective achieved – no major weaknesses in controls but may be scope for improvement (20 points or less)

Main findings

Prison Healthcare Services now falls under the REAS governance structure, after responsibility was transferred from the East Lothian Community Healthcare Partnership (ECHP) at the end of 2015. The REAS Associate Director of Operations performs the line management role for the Prison Service.

There are two prison governance groups; the Prison Clinical Management Team and the Prison Senior Management Team (refer to Appendix 2). The Prison CMT is responsible for discussing operational matters regarding clinical services, while the Prison SMT is the strategic, decision making group for the Prisons. The REAS Associate Director of Operations attends both these groups. The Prison SMT then feeds into the REAS governance structure via the REAS Extended Management Team, which both Prison Healthcare Managers also attend.

The Healthcare Governance Committee's (HGC) terms of reference set out its assurance requirements. Whilst there is no specific standalone assurance required from the Prison Services, assurance is provided through the 17 quality measures for example complaints, within three day and 20 day response times reported against target. In addition, the minutes from the Areas Drug and Therapeutics Committee are also reported to the HGC. Performance and quality metrics, patient experience and complaints will be reported to the Acute Hospitals Committee in the future.

Annual reports are prepared for the Healthcare Governance Committee using the REAS Quality Improvement Programme annual report template. There is a specific Quality Improvement team for HM Prisons that reports progress against a number of priorities for the year. These priorities are allocated to three overarching themes: person centred care, safe care and effective care. Additionally, Prison Services reports into other quality improvement teams operating within REAS, including Forensic Services and Adult Acute & Rehab.

We identified two significant and one important issue during this review:

- The governance framework within Prison Healthcare has not been formally documented;

- The REAS EMT does not receive the minutes of the Prison Clinical Management Team or the Prison Senior Management Team as a standing item on the EMT agenda; and

- As part of a new devolved approach to complaints handling, the complaints process has been devolved from the Patient Experience Team to the applicable operational units. As such, the two Prison Healthcare Managers have been allocated responsibility for prison complaints. The effectiveness of these arrangements has not yet been reviewed.

Further details of these points are set out in the Management Action Plan.

NHS Lothian

Management Action Plan

Control objective 1: Roles and responsibilities for prison services governance activities have been clearly defined and individuals are aware of their roles	
1.1: The governance arrangements for prison services have not been formally documented	**Important**

Observation and Risk:

Prison Healthcare was transferred to the Management of REAS in 2015 from the East Lothian Community Health Partnership.

A number of changes have been made to the REAS management framework. The new REAS management structure and roles were defined in a paper to the REAS Core Management Team in January 2016. Under the new arrangements the REAS Associate Director of Operations has taken line management responsibility for Prison Healthcare Services.

There are two prison governance groups; the Prison Clinical Management Team and the Prison Senior Management Team. The Prison CMT feeds into the Prison SMT, and the former is responsible for discussing operational matters regarding clinical services whilst the latter is the strategic, decision making group for the Prisons. The REAS Associate Director of Operations attends both these groups. The Prison SMT then feeds into the REAS governance structure via the REAS Extended Management Team, which both Prison Healthcare Managers also attend.

Whilst the governance groups are in operation and meet regularly, the roles and responsibilities and activities of the groups have not been formally agreed and documented.

Without clearly documented and agreed management arrangements for prison healthcare there is a risk that those within the governance groups and the wider stakeholder group are unclear about how the governance groups are organised, what the groups are trying to achieve, who the members are, and when they meet.

Recommendation:

The healthcare governance framework within Prison Healthcare should be documented to establish the precise role and responsibilities of the Prison Senior Management Team and Prison Clinical Management Team. This should include listing of the key members of each team, meeting frequency and the accountability of each group, for example through agreed remits. It is advised that an organisational chart is included to demonstrate the relationship between the two prison governance groups, REAS and Board committees.

The documented governance framework should then be agreed by the two prison healthcare teams and approved by the REAS SMT. As the groups evolve the remits should be considered on an annual basis.

Management Response:

While it has been recognised by audit that a governance framework is in place, the benefits of documenting the framework are noted by prison healthcare management.

Management Action:

A Healthcare Governance Framework for HMP Edinburgh and HMP Addiewell will be drafted by the NHS Lothian Strategic Prison Health Group. The Framework will record the roles and responsibilities of the Prison Clinical Management Team and the Prison Senior Management Team, including the recommendation requirements above. Links to REAS and a wider audience, such as the Scottish Prison Service will also be included. The framework will be formally signed-off by the REAS Senior Management Team.

Responsibility: General Manager, REAS	**Target date:** 31 December 2016

Control Objective 2: Effective links and communications are in place across the Board to ensure appropriate oversight takes place

We found no significant weaknesses in relation to this control objective.

There are two Governance Groups within Prison Healthcare. The Clinical Management Team meets monthly and is attended by the REAS Associate Director of Operations, Prison Healthcare Managers, GPs and other clinical representatives from Pharmacy, Nursing, Psychiatry and Psychology. The Prison Senior Management team also meets monthly and includes the REAS Director / Associate Director of Operations, Prison Healthcare Managers, Nurse Director, NHS Lothian clinical leads, and the Governor and Director of the two prisons, HMP Edinburgh and HMP Addiewell.

Within REAS there are two governing bodies. The Extended Management Team is a communication and advisory body and includes the REAS Associate Director of Operations and the two Prison Healthcare Managers as members. The REAS Senior Management Team is the decision making and accountable body for governance. Meetings of the Senior Management Team are attended by the REAS Associate Director of Operations.

The presence of the REAS Associate Director of Operations at all four Groups and the Prison Healthcare Managers across all excluding the REAS SMT has ensured that there is appropriate oversight and links between Prison HealthCare to REAS and ultimately to the Board through the governance structure.

Control Objective 3: An effective reporting framework has been implemented to ensure prison services governance issues are highlighted and escalated appropriately	
3.1 Minutes from the Prison Healthcare governance groups are not being presented to the REAS Extended Management Team	**Minor**

Observation and Risk:

Meetings of the Prison Clinical Management Team (CMT) and Prison Senior Management Team (SMT) follow set agendas which allow staff to report on specific healthcare matters including pharmacy, mental health, psychology, physiotherapy and waiting times. Minutes of the Prison CMT are presented to the Prison SMT for information and the CMT also receives the minutes of the SMT.

However, actions from the Prison CMT and SMT are not being presented for information at meetings of the REAS Extended Management Team (EMT).

The REAS Associate Director of Operations and the two Prison Healthcare Managers attend the meetings of the REAS EMT which allows Prison Healthcare issues to be discussed. However there is a risk that if the minutes are not formally circulated to the REAS EMT, issues raised at the Prison CMT and SMT meetings may be missed and therefore not escalated appropriately.

Recommendation:

Actions from the Prison CMT and/or SMT should be circulated to members of the REAS Extended Management Team or REAS Senior Management Team as appropriate and discussed at the team meetings.

Management Response:

It is appropriate that the REAS SMT should receive minutes from meetings of the Prison SMT and Prison CMT.

Management Action:

Minutes of the Prison SMT and Prison CMT, with actions where required will be added to the agenda for meetings of the REAS SMT.

Responsibility: General Manager, REAS	**Target date:** 31 December 2016

Control Objective 4: The Healthcare Governance Committee has determined the prison healthcare activities for which it requires assurance specifically and this information is regularly reported to it

We found no significant weaknesses in relation to this control objective.

The Healthcare Governance Committee (HGC) terms of reference sets out its assurance requirements. Whilst there is no specific standalone assurance required from Prison Healthcare Services, assurance is provided through the 17 quality measures for example complaints, with three day and 20 day response times reported against target. Complaints are also reported in further detail to the Healthcare Governance Committee through the quarterly Person-Centred Culture Reports.

In addition, Prison Healthcare activities are included within the standard REAS performance reporting to other NHS Lothian Groups including the Health and Safety Committee and the Area Drug and Therapeutics Committee which reports to the HGC.

During 2015 the NHS Lothian Board agreed to refocus the reporting of performance and quality measures into a common approach in line with best practice recommendations made by Audit Scotland, Healthcare Improvement Scotland and from NHS England. Following discussion at the February 2016 Board meeting, the role of board committees in this area was explored with the members of the Healthcare Governance Committee and Acute Hospitals Committee and amendments to the assurance process agreed. As a result, performance and quality metrics, patient experience and complaints will now be reported to the Acute Hospitals Committee.

Control Objective 5: The Healthcare Governance Committee receives an annual report from prison healthcare services setting out what has been achieved in the year and what areas require development

We found no significant weaknesses in relation to this control objective.

Annual reports are prepared for the Healthcare Governance Committee using the REAS Quality Improvement Programme annual report template.

There is a specific quality improvement team for HM Prisons that reports progress against a number of priorities for the year. These priorities are allocated to three overarching themes: person centred care, safe care and effective care.

The reports consist of three separate tables. Tables one and two report progress against the stated priorities for the year passed and any additional achievements not previously stated. Table three records the stated priorities for the year ahead.

Additionally, Prison Services reports into other quality improvement teams operating within REAS, including Forensic Services and Adult Acute & Rehab.

Prison Services also contribute to the REAS Health and Safety quarterly report which is presented to the NHS Lothian Health & Safety Committee.

Control Objective 6: Complaints and patient feedback are handled in accordance with national standards/guidance, and lessons learned from their investigation and resolution, including reports from the Scottish Public Sector Ombudsman

6.1 Handling of complaints within the prison setting is likely to impact on the delivery of other healthcare objectives	Significant

Observation and Risk:

In February 2015 an independent report was submitted to NHS Lothian, which outlined the key findings about feedback and complaints across the Board and included input from the Scottish Public Services Ombudsman, Scottish Health Council and Scottish Government.

The report proposed a new model for complaints management with a central point of contact for information/feedback and complaints. As a result, concerns and complaints have recently been devolved locally for resolution.   Within REAS the prison complaints and feedback function has been devolved to the two Prison Healthcare Managers. Appendix 3 highlights a significant increase in workload for the service relating to complaints at both HMP Addiewell and HMP Edinburgh. We understand that the effectiveness of revised arrangements has not yet been reviewed.

Recommendation:

Management should review the impact of the recently devolved complaints function within prison services. The review should include an analysis of the time spent on each complaint and consider the nature, volume and effectiveness of the approach taken to respond to and resolve the complaints received.

Management Response:

Further discussion has taken place regarding managing complaints and it has been agreed that while Prison Healthcare Managers will continue to carry out investigation around the complaint, responses will be drafted by the NHS Lothian Patient Experience Team.

A National Prison Healthcare Network sub group is currently looking at complaints across all prisons, with findings from this exercise reported to NHS Lothian in due course.

The provision of training is also being considered to improve the current procedures.

Management Action:

Management have identified three separate actions:

1. Steps have been taken to move away from the fully devolved process and include the Patient Experience Team in drafting the responses to prison complaints.
2. Appropriate training will be identified for frontline staff and a timetable for delivery agreed.
3. The results from the national review will be considered by NHS Lothian and working practices reviewed to identify improvements.

Responsibility: General Manager, REAS	**Target dates:**

Head of Patient Experience	1. Implemented
	2. 28 February 2017
	3. 30 June 2017

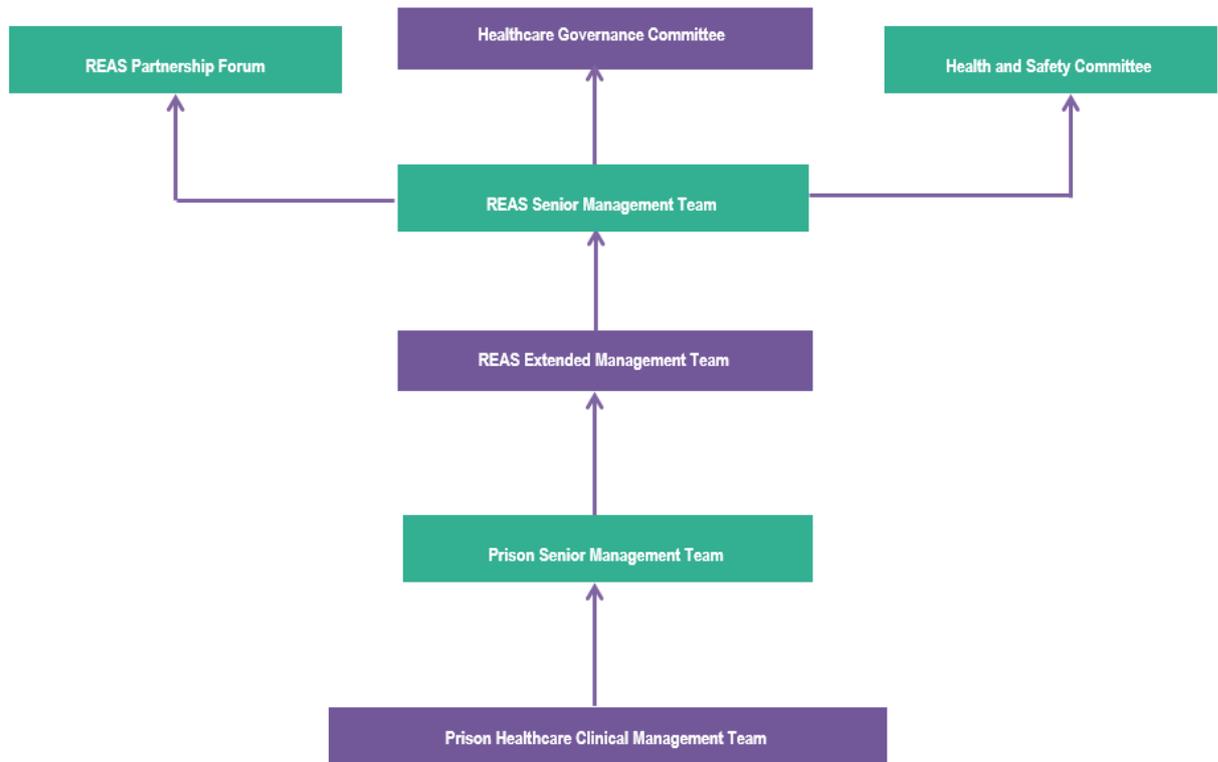| **6.2 There is scope to continue to improve the performance for response times to complaints.**	**Important**
Observation and Risk: We reviewed the performance of prison services against the SPSO service standards for complaints. As Appendix 4 highlights, we noted that in 24% of cases, the SPSO standard response time was missed for acknowledging a complaint. A response to the complaint was issued after the 20 day target in 7% of cases.	
Recommendation: The review of the devolved complaints system should include consideration of how improvements in response times can be achieved.	
Management Response: The Healthcare Managers acknowledge that the responses should be achieved wherever possible. **Management Action:** Complaints will be forwarded to the NHSL Patient Experience Team as soon as possible following receipt to log the information onto Datix and issue an acknowledgement letter. Complaint response times will continue to be monitored through Person-Centred Care reporting and action taken where acknowledgment and complaint responses continue to be out with SPSO service standards.	
Responsibility: Healthcare Managers, and Head of Patient Experience	**Target date:** 31 December 2016

Appendix 1 - Definition of Ratings

Management Action Ratings

Action Ratings	Definition
Critical	The issue has a material effect upon the wider organisation – 60 points
Significant	The issue is material for the subject under review – 20 points
Important	The issue is relevant for the subject under review – 10 points
Minor	This issue is a housekeeping point for the subject under review – 5 points

Control Objective Ratings

| Action Ratings	Definition
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Amber	Control objective not achieved - controls in place are inadequate or ineffective (21 – 59 points)
Green	Control objective achieved – no major weaknesses in controls but may be scope for improvement (20 points or less)

Appendix 2 – Outline Governance Structure

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   REAS Partnership Forum        Healthcare Governance Committee        Health and Safety Committee
              ↑                              ↑                                    ↑
              └──────────────────── REAS Senior Management Team ──────────────────┘
                                             ↑
                                   REAS Extended Management Team
                                             ↑
                                   Prison Senior Management Team
                                             ↑
                               Prison Healthcare Clinical Management Team
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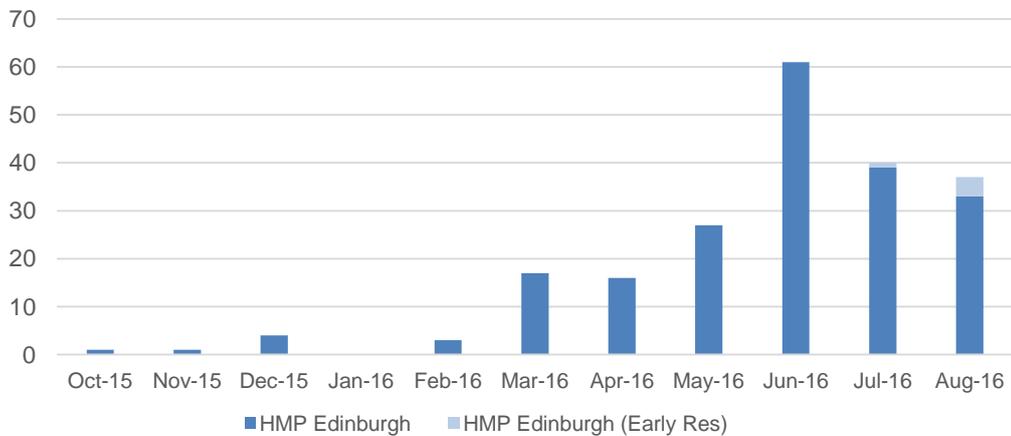
Appendix 3 – Level of prison complaints received

The table below highlights a significant rise in the number of complaints devolved to service level, following the recommendations of an external improvement review.

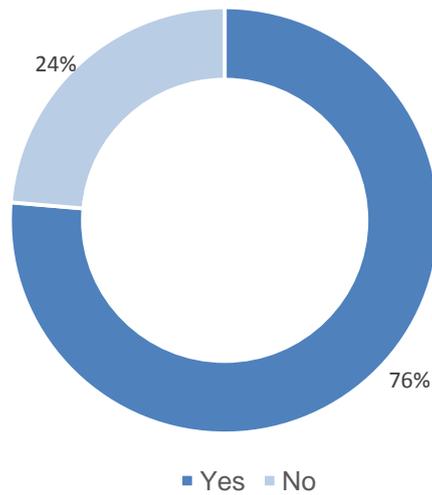**Table 1: Number of complaints investigated locally at HMP Addiewell**
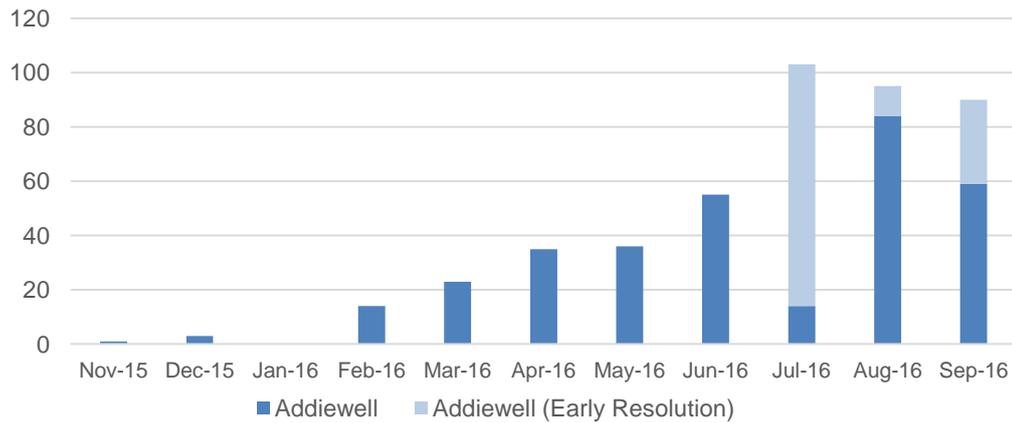
Table 2: Number of complaints investigated locally at HMP Edinburgh

Appendix 4: Complaint response times

There is scope to improve the response times to prison complaints

Table 3: Prison complaints acknowledged within 3 working days (Oct 2015 – Sept 2016)

24%

76%

■ Yes ■ No

Table 4: Complaints responded to within 20 working days (Oct 2015 – Sept 2016)

7%

93%

■ Yes ■ No